10052

CRANE CREEK LUMBER
COMPANY, INC.

MANUFACTURERS OF
Fandango Brand California Ponderosa Pine
WILLOW RANCH, CALIFORNIA

March 10, 1945.

Mr. Joe Hicks:
c/o Klamath Medical Assn.
Klamath Falls, Oregon.

Dear Mr. Hicks:

I am writing you in regards to joining the Klamath Medical Association. The logging camp where we are working is located in Oregon but the Mill and Home office is in California. Mr. Claude Houghton, whom I am sure you are acquainted is the logging superintendent. All the men now employed, about thirty, are from the Klamath Basin and are familiar with the Klamath Association, and want to join. The Company Officials tell me that they wanted to join some time ago but the Doctors, in Lakeview objected. I would appreciate it very much if you will advise me whether or not we are entitled to belong over there.

The men here are not satisfied with the present set up as all we have here is State Industrial and you know what that is, so please let us know what the set up is thanking you very kindly I am,

Yours very truly.

(Signed) GLENN O. PARKER
Timekeeper.

Glenn. O. Parker
Route 6
c/o Crane Creek Logging Camp.
Lakeview Ore.

Plaintiff's Exhibit 2198

10053 January 18, 1945

Mr. J. A. Jerrow
Supt. Klamath Falls Division
Great Northern Railway
Klamath Falls, Oregon

Dear Sir:

Due to the many inquiries of employees of The Great Northern Railway in reference to the service that is offered through Klamath Medical Service Bureau, I wish to explain the service to you. The probable reason for their concern is that they know of the service that is being rendered Mill workers in this district for non-industrial injuries and sickness and feel that they should be able to prepay their medical and hospital costs as does the millworker. I understand that payroll deductions have been made in several instances for health insurance and in some instances for prepayment of the hospital expense of Great Northern Railway employees. Our company has a contract with the Oregon, California, & Eastern Railway that was signed during the time that O. C. & E. Railway was under Great Northern management.

Klamath Medical Service Bureau is a Doctor-owned Bureau, managed and conceived in such a manner that the Doctor-Patient relationship is not altered in any degree. The employee merely pays $2.00 per month and is eligible for medical, hospital, and allied services including prescription drugs rendered by any medical doctor, general hospital, or prescription pharmacy. It will be found that the service offered is the most comprehensive in the United States, in regard to coverage. By paying an additional $1.25 per month, he may cover his family (regardless of size) for their hospital expenses. It will be noted that neither of the contracts have stipulations as to maximum amounts. In other words, there are no rulings established as to moneys involved, merely a time limit as to hospital stay or treatment for any one condition.

Approximately 130 men here in the Klamath Division have signified that they wish to enroll with this Bureau, and considering that no direct solicitation was made, I feel that a group of that number should be given consideration. In the State of Oregon, legislation has been passed

(see enclosure) whereby the employer is empowered to enter into a medical contract with a carrier for benefit of his employees. That is the basis of our Full Coverage Contract, in that the burden of rejection of the service is placed on the employee rather than the burden of acceptance. In other words, when a man goes to work it is his privilege to reject the service at that time by submitting a rejection to his employer in writing, failing to do that, however, he is automatically enrolled in the plan and deduction is made from his pay for the service.

Sincerely hoping that your company will see that the contracts enclosed are of vital importance to its personnel here in Klamath Falls, I am

Sincerely,

Mgr., Klamath Medical Service Bureau

FS:sak

Plaintiff's Exhibit 2199

10057

PRIVATE
FORMULARY

For Use in Filling

Multnomah
Industrial Health
Association

Prescriptions
607-608 Woodlark Bldg.
Portland, Oregon
Phone — Beacon 6606

This booklet is the property of the Portland Retail Druggists Association

721 Morgan Building, Portland, Oregon

Phone Atwater 2432

INTRODUCTION

A review of our prescription invoices during the past year indicates that the cost has been considerably more than was anticipated. This condition has been brought about by the fact that a number of physicians have not confined their writing of prescriptions to U. S. P. and N. F. preparations, which procedure was contemplated by our Association.

In order that the cost of prescriptions in the future may not be prohibitive, this formulary has been worked out by a joint committee of our Directors and Druggists, and should control the practice of writing and filling prescriptions. The schedule is effective as of February 1, 1934. Your whole-hearted co-operation is solicited since a strict adherence to its provisions will tend to eliminate many of the expensive proprietaries thus resulting in decreasing our operating costs to our mutual advantage.

Yours truly,

F. H. DAMMASCH, M. D.
Medical Director,
MULTNOMAH INDUSTRIAL
HEALTH ASSOCIATION

Plaintiff's Exhibit 2200

Dr. Bernard Barkwill

Year	No. of Bills Rendered	No. Paid on Rendered	No. Reductions	Amt Pd	Amt Deductible
1939					
February	2	2		5 00	
April	4	4		30 50	
May	5	4	1	75 25	20 00
June	2	1	1	17 00	5 00
July	4	3	1	12 00	1 00
August	5	5		77 00	
November	6	6		44 50	
December	1	1		7 50	
	29	26	3	268 75	26 00
1940					
February	7	6	1	71 50	5 00
April	5	4	1	172 00	50 00
June	3	3		27 00	
July	3	2	1	21 75	4 00
	18	15	3	292 25	59 00
Grand Total	47	41	6	$561 00	$85 00

Plaintiff's Exhibit 2201

10079

Payment Week Year	No of Bill's Presented	No Not at Rendered	No of reductions	No of bills paid	Reduction for Overcharge Credit	Amount of Reduction
1939						
Feb 15	11	11				
" 25	1	1				
Mar 31	1	1				
" 29	1	1				
" 22	6	6				
Apr 19	10	10				
May 2	6	6				
" 4	2	2				
" 10	12	12				
June 7	14	14				
July 25	1	1				
July 28	20	20			1	
Aug 4	1	1				
Aug 30	25	24	1			.50
Sept 11	28	27	1			.50
Nov 30	27	26	1			.50
Dec 26 1940	13	11	2			2.00
	174 995	174	5			4.00
1940						
Mar 19 40	47	45	2		0	2.50
Apr 24-40	1	1				
Apr 2 40	1	0	1	Reduction @ Dr reg error		.00
" 22 40	13	10	3	Error billing on 2 bills once		.50
May 3 40	17	14	3	Two error billing 1 reduction per		.50
June 20-40	22	22				
July 30-40	14	13	1			.50
Sept 14-40	1	1		Fee adjusted @ Dr regulation		
Aug 29-40	17	16	1			1.50
Oct 3-40	19	15	4			3.50
Oct 7-40	36	36				
Nov 28 40	19	17	2			1.00
Nov 7-40	2	1	1	1 Error in Sept		.25
Dec 9-40	1	1				
Jan 25-41	3	3				
Feb 11-41	2	2				
Jan 28-41	22	21	1			.50
	237 1,135.50	218	19	1	.50	5.75

6616

10080

D Barbee

Shipment Made	No of Bills Issued	No PS received	No of Products	No of bills Revised	Red by Rev Circular	Amt of Credit
Jan 1941 Current						
Feb 13-42	1	1				
Jan 7-42	10	9	1			50
Feb 4-42	1	1				
Dec 31 41	7	7				
Nov 18 41	1	1				
Nov 4 41	26	25	1			300
Sept 26-41	20	20				
Aug 12 41	2	2				
May 3 41	17	15	2			200
May 9 41	1	1				
Mar 29 41	19	19		Error in billing account		
May 22 41	15	15				
May 5 41	24	24		Error in billing charges		
Mar 12 41	1	1				
July 7 41	16	16				
July 31 41 926.00	17	17				
	180	174	4			550
1942						
Apr 9-42	1	1				
Mar 31-42	8	8				
Mar 2-42	15	14	1			50
Apr 27-42	11	9	2			450
Jan 23-42	17	17				
Jan 27 43	1	1				
May 25-42 269.00	14		14	Diff in 2 schedules		1200
Feb 2-43	26	6	3	17	37.00	
Nov 30-43	1			1	.70	
July 23 43	1		1			700
July 11-43	2	2				
May 10 43	1		1			150
Apr 23 43	1	1				
Mar 11 43	14	11	3			3350
	110	67	25	18	37.70	5900
	615.00					
Total 39						
1942 Inv	706	639	53	19	38.20	24.25
						38.20
				Red- Actual Svgs Overpaid		62.45
				Total Paid	3,931.00	
					56.00	
					4,017.45	

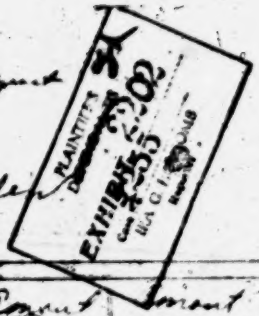
PLAINTIFFS
EXHIBIT 2211
4955
IRS OFFICIAL EXAMINER
Reporter

Plaintiff's Exhibit 2202

10081

* adjustment of premium billed in month of August

Boys Steamfitter, Boyden & Bayden



Year	No. of Bills Rendered	No. Cards Credited	Motor Bills Collected	No. of Bill Adjustments	Amount Paid	Amount Refunded
1940:						
January	1	1			$ 50	
February	25	25			138 24	
March	27	20	1		118 62	25 50
April	10	8	2		167 12	2 50
May	46	46			282 75	
June	35	33	2		241 12	10 00
July	23	22	1		154 12	.62
August	29	27	2		167 25	2 00
September	31	31			286 12	
October				* 1 = 1 00		
November	18	15	3		110 50	7 50
December						
Total	239	228	11	* 1 = 1 00	1,650 00	73 62
1941						
January	16	13	3		122 00	7 00
February	1	1			16 00	
March	67	60	7		366 50	14 50
April	26	22	1		99 50	3 00
May	23	22	1		137 00	50
June	17	14	3		200 00	25 00
July	3	3			28 75	
August	19	14	5		184 01	22 50
September	29	28	1		133 25	1 50
October	20	20			142 75	
November	29	27	2		220 25	2 50
December						
Total	247	224	23		1651 00	54 00
1942						
January	21	20	1		236 62	2 50
February	1		1		15 00	1 50
March	38	37	1		285 62	2 00
April	14	14			78 25	
May	12	12			93 00	
June	15	15			192 50	
July	3	3			76 00	
August	23	23	1		203 50	1 00
September	18	18			71 25	
October	19	19			212 25	
November	1	1			75 00	
December	13	7		6 @ 4 25	170 00	7 50
Total	178	168	4	6 @ 4 25	1709 01	

6618

10082

Mrs Straumfjord, Boyden & Boyden

Year	No of Bills Rendered	No. Bills Paid as Rendered	No of Bills Reduced	No of Bills Uncollected	Amt Paid	Amt Reduced
1943						
January	26	15	2	9 022 00	223 50	2 00
February	2	2			44 50	
March	11	10	1		58 00	1 00
April	17	14	3		89 00	4 00
May	12	11	1		36 50	2 50
June	35	30	4	10 50	432 35	4 15
July	2	2			32 00	
August	18	15	2	10 50	431 25	9 50
September	7	7			122 50	
October	10	10			91 00	
November	12	3	9		84 50	9 00
December	4	4			60 50	
Total	156	123	22	110 23 00	1706 10	32 65
1944						
March	21	21			204 00	
May	16	16			402 50	
Total	37	37			606 50	
Grand Total	857	780	60	170 27 50	7323 84	167 22

Plaintiff's Exhibit 2203

10083

* Duplicate bills for prior months.

Re: Kullberg & Lowell

PLAINTIFF'S DEFENDANT'S EXHIBIT 2203 IRA G. HOLCOMB Reporter

Year	Individual Billings	Individual Paid	No. Refused	Rx Income	Amount Paid	Amount Refunded
1940						
January	23	23			236 11	75
March	2	2			8 00	
April	16	15	1		101 28	5 28
May	27	23	* 4		108 50	3 20
June	25	27	1		96 00	5 00
July	10	7	* 3		91 89	2 00
August	2	2			2 00	
October	49	46	* 3		254 62	0 26
November	7	6	1		159 35	11 55
December	15	15			58 50	
Total	179	166	13		1,146 44	18 50
1941						
January	22	20	2		148 50	20 00
February	2	2			8 00	
March	20	17	3		112 20	3 10
April	2	2			93 00	
June	27	25	1	12 100	182 50	1 30
September	22	21	1		122 42	58
November	2	2			22 20	
December	35	35			142 50	
August	1		1	*	66 67	44 66
Total	134	125	8	1 100	894 13	69 50
1942						
January	19	19			74 20	
March	1	1			25 00	
April	28	26	2		261 25	2 00
June	16	15	1		96 00	6 00
August	9	8	1		63 25	7 50
September	11	11			53 00	
October	9	8	1		54 50	5 00
December	5	4	1	* Exp. + Add'l	52 00	50
Total	98	92	6		679 25	21 00

6620

10084

Dr. Kulberg & Lowell Continued

Year	No. Bells Rendered	No. Paid as Rendered	No. of Reduction	No. of Increase	Amt Paid	Amt Deducted
1943						
January	10	2		8 at 2.00	99.00	
February	1	1			3.00	
March	21	19	1	1 at 1.00	122.00	16.00
May	33	31	2		202.00	1.50
June	11	10	1		65.00	.05
August	13	10	2	1 at 1.00	149.00	3.00
Sept.	10	9	1		48.50	.50
October	7	7			32.00	
December	11	9	2		63.00	4.00
	117	98	9	10 @ 8.00	844.00	25.05
Grand Total	528	461	36	11 @ 9.00	$3,605.00	134.00

Plaintiff's Exhibit 2204

10085

PORTLAND, OREGON, [illegible] 194

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING

Phone ATwater 8291

IN ACCOUNT WITH

78307

Dr. James C. Hynes

Medford, Oregon

CHECK NO.

AMOUNT $ 179.50

The enclosed check is in payment of the following:

Woodcock, O. A.	Med	Alley Brothers	1/22,25,26	$ 5.00
Morris, Geo.	"	City of Medford	1/16,17	5.00
Summels, Gus	"	"	1/7,8	10.00
Rho, Robert	"	Medford Corp.	1/17 to 27	8.00
Ricks, Walter C.	"	"	1/12	2.00
Smith, Theo.	OK	"	6/27,10/21	125.00
Davis, Bethel	Med	Edel Medford	1/3 to 29	15.00
Klime, Robert	"	State Highway	12/17 to 30	9.00
				$179.00

Med Pds

Aug	100.00
Oct	25.00
se	9.50
Jan	45.00
	179.50

DEV'CND.

2 1 4:

6622

10086

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N.H.A. Case No._____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of O. A. Woodcock

Address Medford, Oregon

Employer Alley Brothers

Nature and Extent of Case (Information must be complete and definite) Frequency & Burning on urination

Is this condition the result of an injury during employment? NO

Have you reported this case to the State? _____ If not, why? _____

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below 78307

MWA
12-30-41

Approved for Payment	Audited	Checked
✓		

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1942	Mileage _____ Miles @ _____ per mile	
Jan. 22,	O. A. Woodcock, Office examination & treatment	$2 00
Jan. 23,	O. A. Woodcock, Office exam.	1 50
Jan. 24,	O. A. Woodcock, Office exam	1 50
		$5 00

3-

RECEIVED
FEB 6 - 1942
COST DEPT.

Patient presented National Hospital Association Certificate No. 58 issued by Alley Brothers (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to _____ for further attention

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated January 22, 1942, 19____

Signature James C. Hayes, M.D.

Address Medford, Oregon

6623

10087

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N.H.A. Case No._____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of George Morris

Address Medford, Oregon

Employer City of Medford

Nature and Extent of Case (Information must be complete and definite) Removal of large papiloma from middle finger of right hand

Is this condition the result of an injury during employment? NO

Have you reported this case to the State? _____ If not, why? _____

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below 78307

Med

6-40

Approved for Payment ✓ | Audited | Checked

Date of Treatment		NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1942		Mileage _____ Miles @ _____ per mile	
Jan.	10	Self, Under local anesthetic removal of large papiloma from middle finger of right hand	$5 00
Jan.	17	Self, Office dressing	
		RECEIVED FEB 6 - 1942 COST DEPT.	
			$5 —

Patient presented National Hospital Association Certificate No. 224 issued by City of Medford (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated January 17, 1942, 19____

Signature James C. Hayes, M.D.

Address Medford, Oregon

6624

10088

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N.H.A. Case No. _____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Gus Samuels

Address Medford, Oregon

Employer City of Medford,

Nature and Extent of Case (Information must be complete and definite) Acute Uremic toxemia, following heart condition and chronic nephritis

Is this condition the result of an injury during employment? NO

Have you reported this case to the State? _____ If not, why? _____

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

78307

Approved for Payment	Audited	Checked

Date of Treatment		NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1942		Mileage _____ Miles @ _____ per mile	
Jan.	7	Gus Samuels, Consultation with Dr. Buonocore	$5 00
Jan.	8	Gus Samuels, Consultation with Dr. Buonocore	5 00
		2 Copies	
		RECEIVED FEB 6 - 1942 COST DEPT.	
			$10 00

Patient presented National Hospital Association Certificate No. 222 issued by City of Medford (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to _____ for further attention

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated January 15, 1942, 19____

Signature James C. Hayes, M. D.

Address Medford, Oregon

10089

6625

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N.H.A. Case No._____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Robert Rae

Address Medford, Oregon

Employer Medford Corporation

Nature and Extent of Case (Information must be complete and definite) Acute Respiratory infection, Rheumatic Iritis, multiple sinitus

Is this condition the result of an injury during employment? NO

Have you reported this case to the State? _____ If not, why? _____

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

78307

Med

yes

Approved for Payment	Audited	Checked
✓	B	✓

Date of Treatment		NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1942		Mileage _____ Miles @ _____ per mile	
Jan.	17,	Self, Office examination & treatment	$2 00
Jan.	18,	Self, House Visit	3 00
Jan.	26,	Self, Office exam.	1 50
Jan.	27,	Self, Office	1 50
			$8 00

RECEIVED
FEB 6 - 1942
COST DEPT.

3-0
Ind

Patient presented National Hospital Association Certificate No. 342 issued by Medford Corporation (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to _____ for further attention

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated February 5, 1942, 19____

Signature James C. Hayes, M.D.

Address Medford, Oregon

6626

10090

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MORAWE BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N.H.A. Case No._____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Walter C. Ricks

Address Medford, Oregon

Employer Medford Corporation

Nature and Extent of Case (Information must be complete and definite) Acute lagrippe

Is this condition the result of an injury during employment? NO

Have you reported this case to the State? _____ If not, why? _____

If injured away from work how did injury occur? _____

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below 78307

Approved for Payment	Audited	Checked

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1942	Mileage _____ Mile @ _____ per mile	
January 12	Self, Office examination & treatment	$2 00

RECEIVED
FEB 16 - 1942
COST DEPT.

Patient presented National Hospital Association Certificate No. 520 issued by Medford Corporation hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.) (Name of Company)

Patient was referred by me to _____ for further attention

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19____, and that patient was able to resume work beginning on the _____ day of _____, 19____

Dated January 12, 1942, 19____

Signature James C. Hayes, M.D.

Address Medford, Oregon

10091

6627

NATIONAL HOSPITAL ASSOCIATION

TOY FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N. H. A. Case No. _____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Theodore Smith

Address Eagle Point, Oregon

Employer Medford Corporation

Nature and Extent of Case (Information must be complete and definite) Injury to left chest & left pleura, associated with traumatic pleuritis, Fracture of right 2nd rib about 2" from its junction with vertebra, Severe shock, extensive laceration, bruising, rupture & contusions of the muscles of right calf. Laceration extending from just above the ankle joint on posterior surface of the limb to just below & in front of knee cap. Large number of clots and hemorrhages.

Is this condition the result of an injury during employment? NO

Have you reported this case to the State? _____ If not, why?

If injured away from work how did injury occur? Injured in automobile accident

Was there any evidence of intoxication at time of injury? _____

If X-rayed, state findings _____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below 78307

Approved for Payment	Audited	Checked
	B	

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1941	Mileage _____ Miles @ _____ per mile	
Aug. 27,	Under local anesthetic, a thorough debridement of wounds, washed with normal saline solution, 20 gms of sulfathiazole placed in wounds. Wounds closed, sulfathiazole powder covering the wound. Over this applied vaseline & large external dressing. Right leg immobilized with Thomas splint. Limb elevated to an angle of 55 degrees	$100 00
Oct. 21,	Application of body cast	25 00
	Treat to Jan 31-42	
	RECEIVED FEB 6 1942 COST DEPT.	
		$125 —

Patient presented National Hospital Association Certificate No. 3843 issued by Medford Corporation (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N. H. A. Certificate.)

Patient was referred by me to _____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was _____, 19___, and that patient was able to resume work beginning on the _____ day of _____, 19___

Dated November 18, 1941, 19___

Signature James C. Hayes, M. D.

Address Medford, Oregon

6628

10092

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N.H.A. Case No.____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Mrs. Bethel Davis

Address Medford, Oregon

Employer Hotel Medford,

Nature and Extent of Case (Information must be complete and definite) Papilloma around perineum and vaginal outlet

Is this condition the result of an injury during employment? NO

Have you reported this case to the State?____ If not, why?____

If injured away from work how did injury occur?____

Was there any evidence of intoxication at time of injury?____

If X-rayed, state findings____

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below 78307

Approved for Payment	Audited	Checked

Date of Treatment	NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1942	Mileage____ Miles @____ per mile	
Jan. 3,	Self, Operation at Sacred Heart Hospital, for removal of papilloma	$15 00
Jan. 9,	Self, Office examination & dressing	
Jan. 13,	Self, Office examination & dressing	
Jan. 20,	Self, Office dressing	
Jan. 29,	Self, Office dressing	
		$15 00

RECEIVED
FEB 6 1942
COST DEPT.

Patient presented National Hospital Association Certificate No. 110 issued by Hotel Medford (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N.H.A. Certificate.)

Patient was referred by me to____ for further attention

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was ____, 19____, and that patient was able to resume work beginning on the____ day of____, 19____

Dated January 3, 1942, 19____

Signature James C. Hayes, M.D.

Address Medford, Oregon

6629

10093

JAMES C. HAYES
PHYSICIAN AND SURGEON
MEDFORD BUILDING
MEDFORD, OREGON

February 5th, 1942

78307

National Hospital Association
Mohawk Building
Portland, Oregon

Number	Name	Date 1942	Amount
110	Davis, Bethel	Jan. 3 to Jan. 29 (incl)	$15.00
224	Morris, George	Jan. 10 to Jan. 17 (incl)	5.00
342	Rae, Robert	Jan. 17 to Jan. 27 (incl)	8.00
320	Ricks, W. C.	Jan. 12th	2.00
222	Samuels, Gus H.	Jan. 7th to Jan. 8th (incl)	10.00
3843	Smith, Theodore	Aug. 27th to Jan. 31, (incl)	125.00
160	Welch, W. L.	December 29th, 1941	14.75
58	Woodcock, E. A.	Jan. 22nd to Jan. 24th,	5.00
		Total...	$184.75

6630

10094

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING, PORTLAND, OREGON

SURGEON'S TREATMENT REPORT

N. H. A. Case No.____

Form 30 Please give information requested below as completely as possible and submit bill as soon as patient is discharged.

Case of Robert Kline 4/5/1/35-0 Dec. 11

Address Medford, Oregon

Employer Oregon State Highway

Nature and Extent of Case (Information must be complete and definite) Abscess of gum from infected tooth
Severe headache, left side of face greatly swollen.

Is this condition the result of an injury during employment? NO

Have you reported this case to the State?____ If not, why?____

If injured away from work how did injury occur?____

Was there any evidence of intoxication at time of injury?____

If X-rayed, state findings 0

Plates, films, or prints must accompany charges for X-rays.

Do Not Write Below

70307

EMPLOYER 1174-40

MEMB. DATE 5-1-35

LAST PAYMENT

Approved for Payment	Audited	Checked

Date of Treatment		NATURE OF TREATMENT RENDERED MUST BE SHOWN	Charges
1941		Mileage____ Miles @____ per mile	
Dec.	17,	Self, Under local anesthetic, opened abscess of gum	$5 00
Dec.	18	Robert Kline, Hospital Visit, Community Hospital	1 50
Dec.	19	Community Hospital Visit	1 50
Dec.	20	Community Hospital Visit	1 50
		RECEIVED JAN 12 1942 COST DEPT.	
			$9 50

Patient presented National Hospital Association Certificate No. 1174 issued by Ore. State Highway (Name of Company) hereto attached. (The Association will not honor charges unless accompanied by N. H. A. Certificate.)

Patient was referred by me to____ for further attention.

I hereby certify that I rendered services as itemized herein to patient whose name appears above, that all of said services were necessary and were rendered for the above stated condition, that the date of my last and final treatment was ____, 19____, and that patient was able to resume work beginning on the ____ day of ____, 19____

Signature James C. Hayes, M. D.

Dated December 17, 1941 19____

Address Medford, Oregon

6631

Plaintiff's Exhibit 2205

10095

PORTLAND, OREGON 11-6-42 194

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING
PHONE ATWATER 0231
IN ACCOUNT WITH

Mr. Edwin R. Purse
Medford, Oregon

CHECK NO. 86536
AMOUNT $ 71.80

The enclosed check is in payment of the following:

				Your Charge	National's New Schedule
Nelson, Guy	Med	Alley Bros	8/20	2.50	2.50
Arnold, Ruby	"	American Fruit	8/8,29	5.00	5.00
Gibson, Alta	"	"	8/1,8	5.00	5.00
Page, Mary Jane	"	"	8/15	2.50	2.50
Schmidt, Vernie	"	"	8/8	2.50	2.50
Kilborn, Dale	"	Blue Moon Ranch	8/22,24	4.50	4.00
Alford, Mace	CH	City of Medford	8/17,25	3.50	3.50
Smith, Jas.	Med	Harman Bros Lbr Co	8/28	2.50	2.50
Williams, C. A.	"	Medford Corporation	8/1 to 8/29	15.00	13.00
Smith, Tom	"	Pacific Fruit Growers	8/20	2.50	2.50
Allerton, R. E.	"	Pinnacle Packing	8/22	2.50	2.50
Chesman, Wanda Fay	"	"	8/20	2.50	2.50
Brophy, Eleanor	"	Rober Fruit Co	10/1	2.50	2.50
Doty, Woodrow	"	Rogue River Orchards	8/18	2.50	2.50
Wilkes, Ila	"	"	8/8	2.50	2.50
"	"	"	8/14	2.50	2.50
				$67.00	$71.00

any 12 or
over 700
Ent 232

YOU WILL RECEIVE COPY OF NATIONAL'S NEW SCHEDULE IN THE NEAR FUTURE

717

6632

10096

MEDFORD, OREGON, 10/10/42

DR. EDWIN R. DURNO

PHYSICIAN AND SURGEON

201 PLUMMER BUILDING

~~MEDFORD~~ 8536

TO PROFESSIONAL SERVICES TO DATE $2.50

Original call 9/29/42 Respiratory infection

Guy Nelson

Alley Brothers

Medford, Ore.

1942

Med 9-25-A

6633

10097

MEDFORD, OREGON, 10/1/42

DR. EDWIN R. DURNO
PHYSICIAN AND SURGEON

201 PLUSHER BUILDING

86536

MEDFORD, OREGON

TO PROFESSIONAL SERVICES TO DATE $5.00

Original call 9/8/42 Pain in back
Original call 9/29/42 Cold

2v

Ruby Arnold

American Fruit Growers

Medford, Ore.

6634

10098

MEDFORD, OREGON, 10/1/42

DR. EDWIN R. DURNO
PHYSICIAN AND SURGEON

501 PLAYNER BUILDING

86536

MEDFORD, OREGON

TO PROFESSIONAL SERVICES TO DATE - - - - - - $5.50

9/1/42 Original Hospital call--$3.50
2 " " 2.00
Nervousness

RECEIVED
NOV 5 1942

Alta Gibson
American Fruit Co.
Medford, Ore.

6635

10099

MEDFORD, OREGON, 10/1/42

DR. EDWIN R. DURNO
PHYSICIAN AND SURGEON

901 PLUMMER BUILDING

86536
MEDFORD, OREGON

* 180 TO PROFESSIONAL SERVICES TO DATE $2.50

9/15/42 Original call -- Cold

Mary Jane Page

NOV 5 1942 American Fruit Growers

Medford, Ore.

Med

6636

10100

MEDFORD, OREGON, 10/1/42

DR. EDWIN R. DURNO
PHYSICIAN AND SURGEON

86536

201 PLUMMER BUILDING — MEDFORD, OREGON

TO PROFESSIONAL SERVICES TO DATE 2.50

Original call 9/3/42 Sore throat

RECEIVED
NOV [illegible] 1942

Vernie Schmidt

merican Fruit Growers

Medford, Ore.

10101

6637

MEDFORD, OREGON, 10/1/42

DR. EDWIN R. DURNO
PHYSICIAN AND SURGEON

86536

501 PLUMMER BUILDING — MEDFORD, OREGON

TO PROFESSIONAL SERVICES TO DATE $4.50

Original call 9/22/42---$2.50 Boil
Office call 9/24/42---2.00

RECEIVED
NOV

Dale Kilburn
Blue Moon Ranch
Medford, Ore.

Med
9 1-42

6638

10102

MEDFORD, OREGON, 10/1/42

DR. EDWIN R. DURNO
PHYSICIAN AND SURGEON

86536

201 FLIPHER BUILDING — MEDFORD, OREGON

TO PROFESSIONAL SERVICES TO DATE . . . . . $.50

Suture laceration, home call 9/1/42 [illegible]
Office call 9/17/42 [illegible]
Office call 9/2[illegible] [illegible]

Mr. Rose Afford

Medford, Ore.

6639

10103

MEDFORD, OREGON, 10/1/ 86536

DR. EDWIN R. DURNO
PHYSICIAN AND SURGEON

201 PLUMMER BUILDING — MEDFORD, OREGON

TO PROFESSIONAL SERVICES TO DATE

9/2[illegible] original office call--Gastric disturbance

Jas. Smith

Herman Bros.

Prospect, Ore.

NOV - 3 1942

Apr 1 42

6640

10104

MEDFORD, OREGON, 1/1/42

DR. EDWIN R. DURNO
PHYSICIAN AND SURGEON

201 FLASHER BUILDING — MEDFORD 86536

TO PROFESSIONAL SERVICES TO DATE $15.00

Office calls Hemorrhoid injections

8/1/42	-- Original call	$5.00	
8	----------	2.50	
14	----------	2.50	
9/1	----------	2.50	
29	----------	2.50	

RECEIVED

Mr. C. A. Williams

NOV 3 1942

Medford Corporation

10105

6641

MEDFORD, OREGON, 10/1/42

86536

DR. EDWIN R. DURNO
PHYSICIAN AND SURGEON

901 PLUMMER BUILDING — MEDFORD, OREGON

TO PROFESSIONAL SERVICES TO DATE $2.50

9/30/42 Original office call
Respiratory infection

Mr. Ivan Smith

RECEIVED
NOV 3 1942

Pacific Portland Cement Co.

Gold Hill, Ore.

6642

10106

MEDFORD, OREGON, 10/1/42

DR. EDWIN B. DURNO
PHYSICIAN AND SURGEON

201 FLUHRER BUILDING

~~86536~~

TO PROFESSIONAL SERVICES TO DATE $2.50

Original call 9/22/42--Gastric disturbance

Mr. B. E. Allerton

Pinnacle Packing Co.

Medford, Ore.

Paid
8-18-42

6643

10107

MEDFORD, OREGON, 10/1/42

DR. EDWIN R. DURNO
PHYSICIAN AND SURGEON

201 FLEHRER BUILDING

86536
MEDFORD, OREGON

TO PROFESSIONAL SERVICES TO DATE $4.50

9/22/42--Original call -- Sore throat

Mr. Ray Cashman
Pinnacle Packing Co.
Medford, Ore.

6644

10108

MEDFORD, OREGON, 1/1/42

DR. EDWIN R. DURNO
PHYSICIAN AND SURGEON

86536

201 FLUHRER BUILDING — MEDFORD, OREGON

TO PROFESSIONAL SERVICES TO DATE $2.50

1/1/42 Original c ll--rain 'n shoulder

P 1-0

Eleanor Prouty

Meter Fruit Co.

Medford, Ore.

Med 9-2-42

10109

6645

#141

MEDFORD, OREGON, 10/1/42

DR. EDWIN R. DURNO
PHYSICIAN AND SURGEON

201 PLUMMER BUILDING

86536

MEDFORD, OREGON

TO PROFESSIONAL SERVICES TO DATE $2.50

Original call 9/18/42--Respiratory infection

RECEIVED
NOV 5 1942

Woodrow Doty

Rogue River Orchards

Medford, Ore.

Med
8-24-42

6646

10110

#137

MEDFORD, OREGON, 9/30/42 86536

DR. EDWIN R. DURNO
PHYSICIAN AND SURGEON

201 PLUSHER BUILDING MEDFORD, OREGON

TO PROFESSIONAL SERVICES TO DATE $2.50

9/8/42 Original call--Pain in side

DEC 1

NOV 5 1942

Ila Wilkes

Rogue River Orchards

Medford, Ore.

10111

6647

#172

MEDFORD, OREGON, 10/1/42 86536

DR. EDWIN R. DURNO
PHYSICIAN AND SURGEON

201 PLUHRER BUILDING — MEDFORD, OREGON

TO PROFESSIONAL SERVICES TO DATE

Original call 9/14/42 --Bronchitis $2.50

Ila Wilkes

Rogue River Orchards

Medford, Ore.

Med 8-24-42

6648

Plaintiff's Exhibit 2206

10112

PORTLAND, OREGON. P 8/26/41

NATIONAL HOSPITAL ASSOCIATION

TOP FLOOR MOHAWK BUILDING

PHONE ATWATER 5291

IN ACCOUNT WITH

Dr. Edwin E. Purse

Medford, Oregon

CHECK NO. 73329

AMOUNT $ 18.50

The enclosed check is in payment of the following:

Jennings, Raymond	DE	Medford Corporation	0 8/9,14	$4.50
Morris, M. M.	Med	Medford Iew & Storage	4/29 to 8/24	14.00
				$18.50

PNS

Med WP

Eye x- 2.00 - 2.00

Surg 8.00 2.00

Jadre 4.50 4.00 - 8.50

4.50 14.00 = 18.50

6649

10113

MEDFORD, OREGON, 6/28/41

DR. EDWIN R. DURNO
PHYSICIAN AND SURGEON

901 FLUHRER BUILDING — MEDFORD, OREGON

TO PROFESSIONAL SERVICES TO DATE $4.50

National Hospital Asociation

City

over

6650

10114

State

Raymond Jennings
Medford Corporation

June 9---------- $3.00
June 14---------- 1.00
Total ---------- $4.00

SEP 11

2-0

Pulled muscle - Back

State
Case O.K.
Employment
Ralph Elm

6651

10115

MEDFORD, OREGON, 7/23/41

DR. EDWIN R. DURNO
PHYSICIAN AND SURGEON

201 FLUHRER BUILDING — MEDFORD, OREGON

TO PROFESSIONAL SERVICES TO DATE 14.00

Allergy [illegible] 13.00 (over)

Mr. W. T. Morris

Medford Ice & Storage

City

6652

10116

OC. 4-29-41 2 00

5'. 7 1 00

5'. 12

5'. 14

5'. 19

5'. 17

5'. 21

5'. 26

5'-29

6-3

6-16

6-19

6-24

14 00

Plaintiff's Exhibit 2207

10117

MEDFORD, OREGON. 11/25/42

88511

DR. EDWIN R. DURNO
PHYSICIAN AND SURGEON

201 PLUHRER BUILDING — MEDFORD, OREGON

TO PROFESSIONAL SERVICES TO DATE - - - - $4.50

Back Strain
Original call 3/1/42 Diathermy and Office call 3/2

O.E.
O.K. Rapp

Mr. Clyde Kell
Pacific Portland Cement Co.
Gold Hill, Ore.